What evidence is there that the ACA has decreased inequities in coverage of cancer screening and surveillance?

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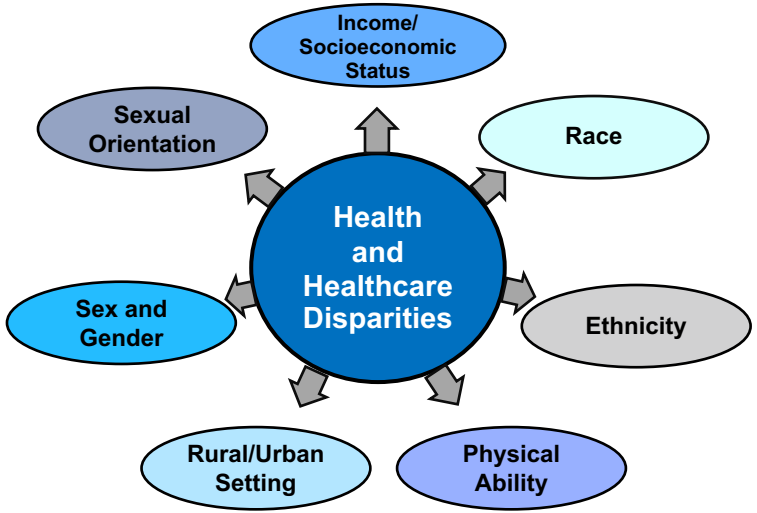
Disclosures slide

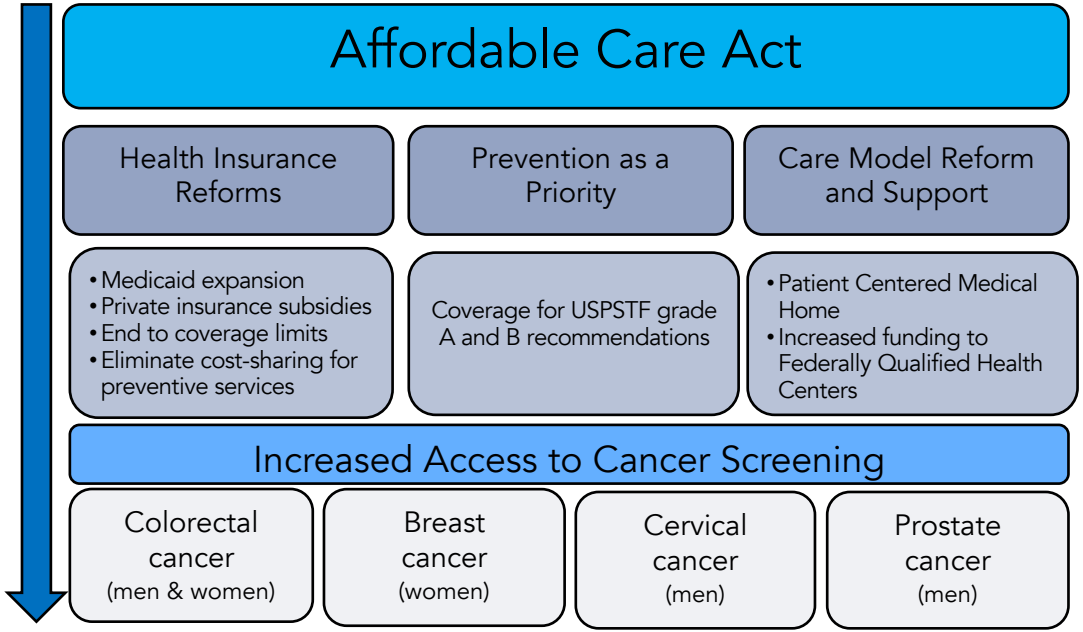
- I have no relevant disclosures to report

The Root Causes of Disparities Social Determinants of Health



Dahlgren G, Whitehead M. Stockholm: Institute for future studies.1991.

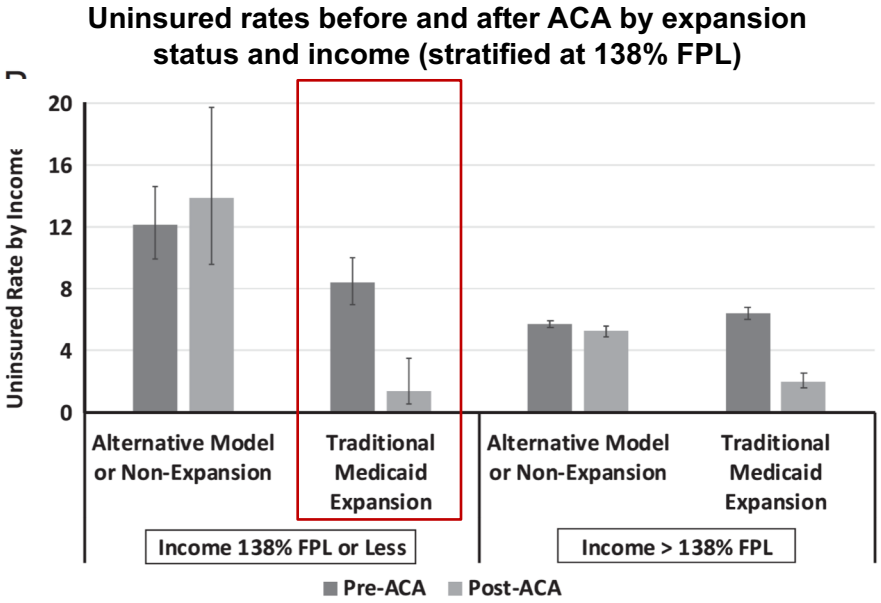
ACA: Opportunities to Reduce Cancer Disparities



Adapted from Karliner L, Marks A, Mutha S. J Health Care Poor Underserved. 2016;27(2):392-415.

Sabik LM, Adunlin G. Cancer J. 2017 May/Jun;23(3):151-162.

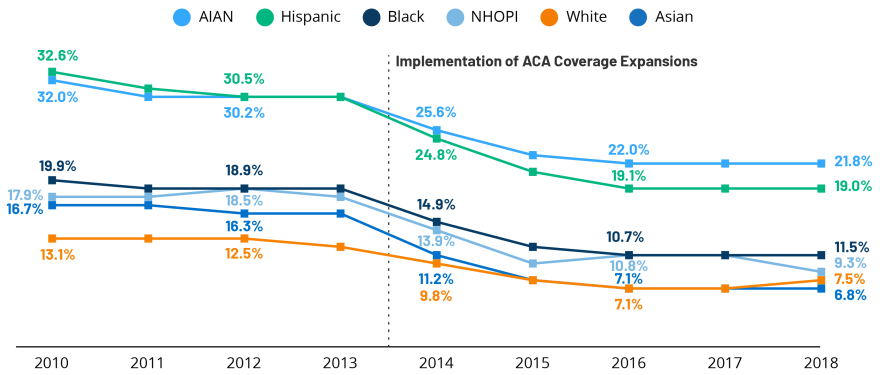
ACA Impact on Rate Uninsured by Income



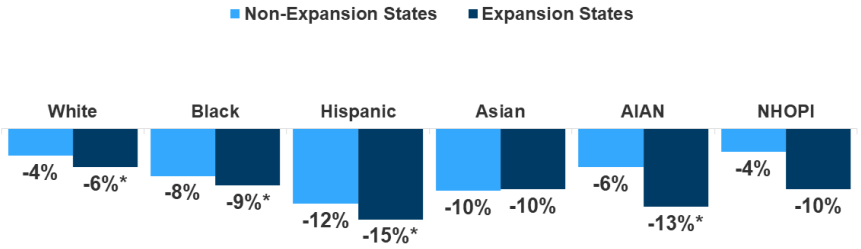
Mahal AR, Chavez J, Yang DD, et al. Am J Clin Oncol. 2020;43(3):163–167.

ACA Impact on Rate Uninsured by Race/Ethnicity

Uninsured rates for nonelderly population by race/ethnicity, 2010-2018



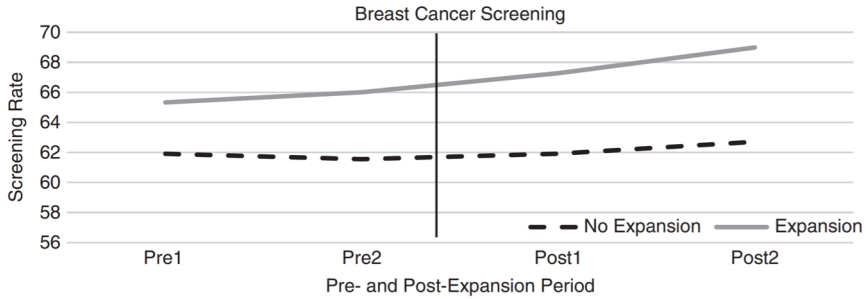
Percentage point change in uninsured rates from 2010 to 2018 by race/ethnicity and state Medicaid expansion status

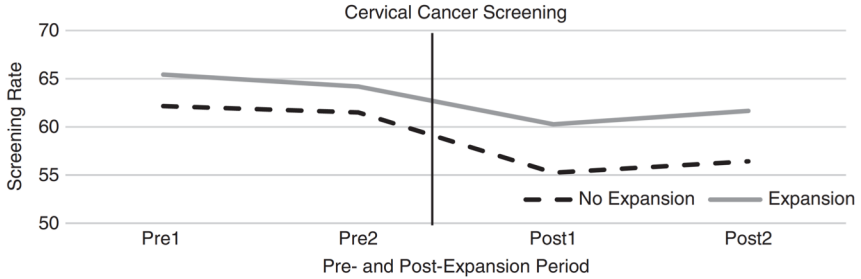


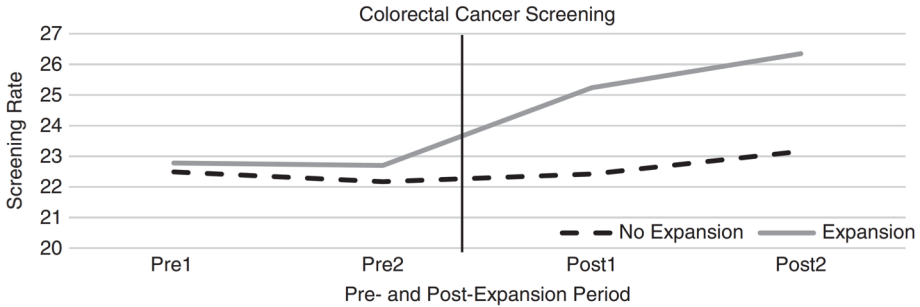
Kaiser Family Foundation analysis of American Community Survey data

Breast, Cervical, and Colorectal Cancer Screening Among low-income Adults by Medicaid Expansion Status (2012-2016)

N=32,290







Hendryx M, Luo J. Med Care. 2018 Nov;56(11):944-949.

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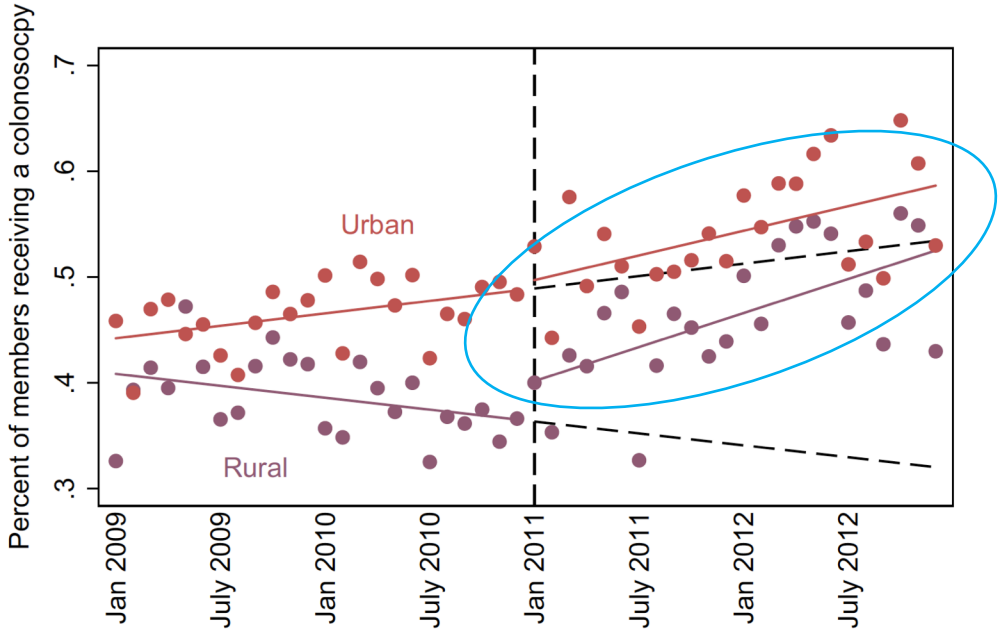
Breast and Colorectal Cancer Screening Among low-income Adults by Medicaid Expansion Status (2012-2016)

Variable	Crude prevalence					Crude DD[b]				Adjusted DD[c]			
	2012	2014	2016	2016 vs 2012	p-value[a]	2014 v 2012		2016 v 2012		2014 v 2012		2016 v 2012	
						DD	p-value	DD	p-value	DD	p-value	DD	p-value
Up-to-date CRC screening, adults aged 50–64 years[d]													
Very early	42.3	45.6	51.1	**8.8**	**<0.001**	0.9	0.770	5.0	0.083	1.8	0.508	5.3	0.054
Early	49.6	51.4	52.5	**2.9**	**0.029**	−0.6	0.738	−0.9	0.653	−0.5	0.799	−0.2	0.899
Late	47.7	51.2	50.0	2.4	0.293	1.1	0.651	−1.4	0.588	1.5	0.513	−1.6	0.550
Not expanding	44.2	46.6	48.0	**3.8**	**0.009**	—	—	—	—	—	—	—	—
CRC screening in the past 2 years, adults aged 50–64 years													
Very early	30.1	33.6	38.1	**8.0**	**<0.001**	3.0	0.273	5.2	0.054	3.1	0.223	**4.9**	**0.041**
Early	31.7	31.3	33.5	1.8	0.141	−0.9	0.603	−1.0	0.590	−0.7	0.715	−0.6	0.721
Late	31.0	31.1	29.4	−1.6	0.427	−0.4	0.851	−4.4	0.063	0.1	0.948	−4.2	0.087
Not expanding	29.1	29.6	31.9	**2.8**	**0.031**	—	—	—	—	—	—	—	—
Up-to-date BC screening, women aged 50–64 years[e]													
Very early	69.3	73.0	74.4	5.1	0.073	2.2	0.543	1.4	0.666	2.5	0.512	3.0	0.411
Early	65.8	70.1	70.7	**4.9**	**0.002**	2.7	0.233	1.2	0.612	2.8	0.205	2.0	0.404
Late	66.8	65.4	65.0	−1.8	0.512	−3.0	0.285	−5.5	0.097	−2.1	0.422	−4.8	0.112
Not expanding	62.8	64.4	66.5	**3.7**	**0.047**	—	—	—	—	—	—	—	—

N=95,400

Fedewa et al. Am J Prev Med 2019;57(1):3−12.

Rural Status: Colonoscopy Utilization



N= 358,019

Percent of individuals that received a colonoscopy

Pre-ACA (2009): Colonoscopy rates were 16% lower in rural compared to urban areas and median out-of-pocket costs were nearly double.

Post-ACA (2012): The rural-urban gap in colonoscopy rates declined 40% relative to the pre-ACA period (by 12/2012). The rural-urban OOP costs gap decreased as well.

Haakenstad A, Hawkins SS, Pace LE, et al. Prev Med. 2019 Dec;129:105877.

Breast, Cervical, and Colorectal Cancer Screening by Age, Race/Ethnicity (insured)

Medical Expenditure Panel Survey
Adjusted cancer screening rates by insurance, race/ethnicity, and sex

N=84,274

Screening	Medical Expenditure Panel Survey Year, Adjusted Prevalence Ratio (95% CI)				
	2009	2011	2012	2013	2014
Aged 21–64 years, Any Private Insurance					
Pap Test					
Hispanic	Ref	1.03 (1.00, 1.06)	1.02 (0.98, 1.06)	1.00 (0.96, 1.03)	1.02 (0.99, 1.05)
Non-Hispanic White	Ref	1.00 (0.98, 1.03)	0.98 (0.96, 1.00)	0.98 (0.96, 1.00)	0.98 (0.96, 1.00)
Non-Hispanic Black	Ref	1.01 (0.98, 1.04)	1.00 (0.97, 1.02)	0.99 (0.97, 1.02)	0.99 (0.97, 1.02)
Non-Hispanic Asian	Ref	1.02 (0.95, 1.09)	1.00 (0.93, 1.07)	0.95 (0.89, 1.02)	0.94 (0.88, 1.00)
Mammography (2002)					
Hispanic	Ref	0.98 (0.90, 1.07)	0.99 (0.90, 1.08)	0.99 (0.91, 1.08)	0.98 (0.90, 1.07)
Non-Hispanic White	Ref	1.01 (0.97, 1.05)	1.01 (0.97, 1.05)	0.97 (0.94, 1.01)	0.96 (0.91, 1.00)
Non-Hispanic Black	Ref	1.02 (0.96, 1.08)	0.99 (0.93, 1.05)	0.98 (0.93, 1.04)	1.00 (0.94, 1.05)
Non-Hispanic Asian	Ref	0.91 (0.82, 1.02)	0.99 (0.90, 1.10)	0.90 (0.79, 1.02)	0.84 (0.74, 0.97) *
Any CRC Screening					
Male	Ref	1.09 (1.03, 1.16) *	1.12 (1.05, 1.18) *	1.06 (1.00, 1.13)	1.03 (0.97, 1.10)
Female	Ref	1.02 (0.96, 1.09)	1.03 (0.97, 1.10)	1.07 (1.01, 1.13) *	1.06 (1.00, 1.12) *
Hispanic	Ref	1.10 (0.97, 1.24)	1.15 (1.00, 1.32) *	1.11 (0.97, 1.26)	1.10 (0.97, 1.25)
Non-Hispanic White	Ref	1.05 (0.99, 1.10)	1.06 (1.01, 1.12) *	1.06 (1.00, 1.11) *	1.03 (0.98, 1.09) *
Non-Hispanic Black	Ref	1.08 (0.99, 1.17)	1.07 (0.97, 1.18)	1.10 (1.01, 1.19) *	1.04 (0.96, 1.13)
Non-Hispanic Asian	Ref	1.04 (0.82, 1.01)	1.19 (0.98, 1.16)	1.13 (0.91, 1.41)	1.24 (1.03, 1.49) *

Pap test and mammography use declined (ns) over time.

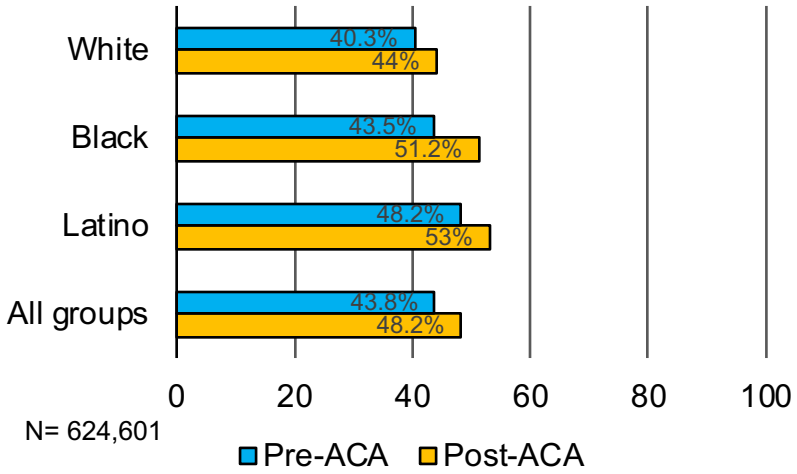
The biggest decline in use was in mammography among Asian women with private insurance.

Use of CRC screening was up in many subgroups and overall.

Bhandari NR, Li C. Healthcare (Basel). 2019 Mar 1;7(1):36.

Community Health Centers: Cervical Cancer Screening by Race/Ethnicity (2012-2015)

Cervical Cancer screening, pre- and post-ACA in Medicaid expansion states, by race/ethnicity



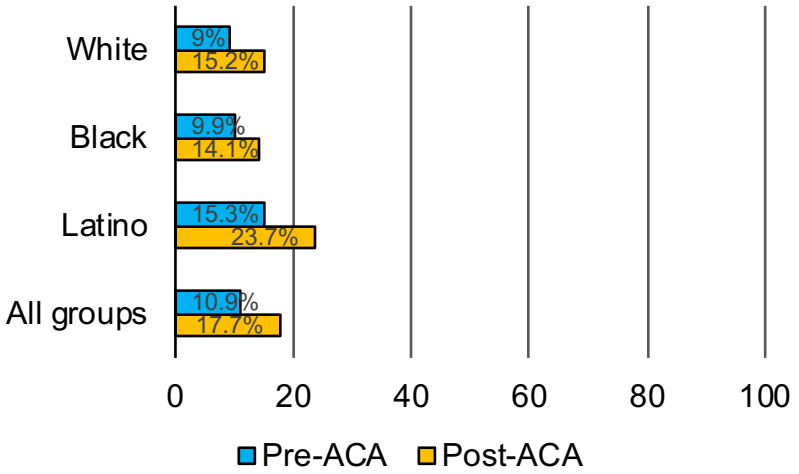
All race/ethnicity groups in both expansion and non-expansion states improved their odds of cervical cancer screening from pre- to post-ACA.

The greatest change was in non-Hispanic Blacks in expansion states: (aOR = 1.36, 95% CI = 1.08–1.71).

Huguet N, Angier H, Rdesinski R, et al. Prev Med. 2019 Jul;124:91-97.

Community Health Centers: Colorectal Cancer Screening by Race/Ethnicity (2012-2015)

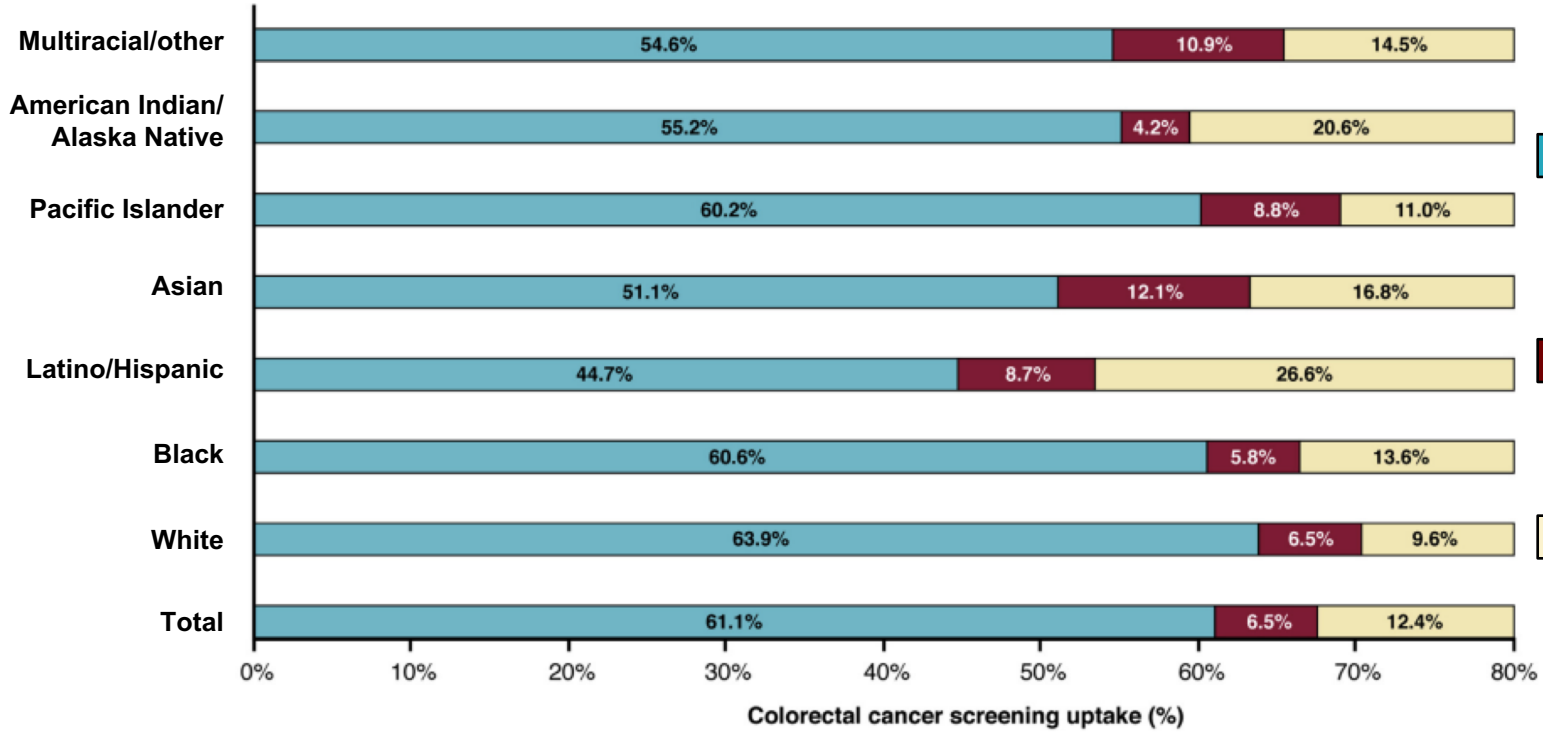
Colorectal Cancer screening, pre- and post-ACA in Medicaid expansion states, by race/ethnicity



Latino uninsured patients had greater relative increases in colorectal cancer screening prevalence in expansion compared to non-expansion states (DID=1.65, 95% CI = 1.11–2.44).

Huguet N, Angier H, Rdesinski R, et al. Prev Med. 2019 Jul;124:91-97.

Some Success but Remaining Gaps



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May FP, Yang L, Corona E, et al. Clin Gastroenterol Hepatol. 2020 Jul;18(8):1796-1804.
Demb J, Gupta S. Clin Gastroenterol Hepatol. 2020 Jul;18(8):1691-1693.

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Summary

- A major goal of the ACA was to reduce disparities in health and healthcare, including cancer screening utilization.
- There are few studies that examine changes in SES, race/ethnicity, and rural/urban disparities in cancer screening utilization before and after the ACA.
  - Most robust data suggests improvements in colorectal cancer screening utilization for low-income and racial/ethnic minority populations.
  - Data are limited and mixed for cervical, breast and prostate cancer.
- Despite improvements in access to care and insurance post-ACA, there are notable gaps in cancer screening test use that require additional efforts to achieve equity.

Thank You!

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